

Limited Power of Attorney Borrower's Authorization for Disclosure of Information

PART 1: GENERAL INFORMATION	
Name of Person Authorizing Disclosure	If Business Partnership, Enter Additional Name
Address of Person Authorizing Disclosure	Business Address
Treasury Account Number	

PART 2: EFFECTIVE DATES. Up to four months from the date signed.	
From	To

PART 3: AUTHORIZATION		
The undersigned authorizes the Michigan Department of Treasury to release any and all information, including pay off amounts for settlement, to _____ regarding any outstanding lien or debt obligations due by the undersigned. I / We do not authorize any signature power to _____.		
Authorized Signature	Social Security Number	Date
Authorized Signature	Social Security Number	Date
Representatives Name	Telephone Number	